

FORM LOB



## HAWAII STATE ETHICS COMMISSION LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORTAR 28 P12:19

EPORT YEAR: 201		Amended Stateme		\$	TATE OF HAWAII	
or Lobbying Reporting Period: 🚺 January 1		- last day of February March 1 - April 30		MANE	MAN E EDAGLOSSO OMMISSI	
DBBYIST INFORMA	TION				·	
oung		Madelei		M.V.		
st Name First Name					M.I.	
gal Aid Society of	f Hawaii					
bbyist Firm/Employe	r					
4 Bethel Street						
iling Address (Numbe	er and Street or P.0	O. Box)				
nolulu			Hi		96813	
у			State		Zip Code	
08) 527-8023	223	mayoung@l	ashaw.org			
lephone	Extension	Email Address				
<u> </u>	O THE NEAREST DO	OLLAR) MADE BY LOBBYIST FO		A company of the same		
_	OTHE NEAREST DO	FERS AND BY LOBBYIST FOR THE TENNER OF THE T		A company of the same	None To	
<u> </u>	Pig \	Tees Part Political Property of the Part Political Property of		O <sub>K</sub>		
_	OTHE NEAREST DO	Canal Rose By LOBBYIST FO		A company of the same		
_	O THE NEAREST DO	Tas Adie Asing Costage Control		A company of the same		
	O THE NEAREST DO	SELAR) MADE BY LOBBYIST FO		A company of the same		
_	O THE NEAREST DO	Canal Rose By LOBBYIST FO		A company of the same		
_	O THE NEAREST DO	Cas And By LOBBYIST FO		A company of the same		
_	O THE NEAREST DO	CANCELLARY, MADE BY LOBBYIST FO		A company of the same		
Organization's Nar	O THE NEAREST DO	Canal Roberts Control		A company of the same		
	THE NEAREST DO	Cas And By LOBBYIST FO		A company of the same		
Organization's Nar	O THE NEAREST DO	Canada Sanda		A company of the same		
Organization's Nar	O THE NEAREST DO	Canal Roberts Control		A company of the same		
Organization's Nar	THE NEAREST DO	Case Hall By LOBBYIST FO		A company of the same		
Organization's Nar	O THE NEAREST DO	Canada Sanda		A company of the same		
<u> </u>	O THE NEAREST DO	Canal Control		A company of the same		

**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY**List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period.

Name	On Behalf of ORG		Amount or Value
			0.00
Check here if additi	onal sheets are attached		
	TURES OF \$150 OR MORE F	PER PERSON total sum of \$150 or more per person du	ring the statement period.
Name	On Behalf of ORG	•	Amount or Value
			0.00
Check here if additi	onal sheets are attached		
			<u> </u>
PART II. CONTRIBUTION List all contributions received by Ic		total sum of \$25 or more per person duri	na the statement period.
·		total estit of the or more per person au	
Name	On Behalf of ORG		Amount or Value
			0.00
		*****	
Check here if additi	onal sheets are attached		
PART III. SUBJECT ARE	AS OF LOBBYING		
Legislative and/or administrative	action in the following areas was suppo	orted or opposed during the statement p	eriod:
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other (indicate below):
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	
I hereby cortify that the states	nents made above are correct on	d complete to the best of my knowle	edge
A LOPAL	VIV 3	3/1	1/12
Signature of Lobbyist	July X		<u> </u>
Madeleine M.V. You	ng V		r Staff Attorney
Print Name	''B	Title	. Tan , recomey

Dogo 2 of 2